

FINANCE BADGES FORM COMPLETION

(COT only)

Revised 1/19/2018

General Information, Requirements and Warnings:

Read this before beginning.

1. Use **only** the most **current version** of the Badge Form found on the COT Forms Page under New Employee Forms.
2. **Do not** copy and paste information from any part of any EXCEL spreadsheet to any part of the BADGE FORM. There is no exception to this rule. To alter the format of the form in any way will affect functionality. **Do not** attempt to reformat the form in any way.
3. **Red** fields are **required**. The form is **incomplete unless the red box** around the **Submit** button is **GONE**. Incomplete or incorrect forms are returned **to the person submitting the form** for completion/correction.
4. **Do not** click the **SUBMIT** button when the form is complete. The Submit Request Form button is only for authorized Finance Badge Contact person's use. Send the completed form to the Commonwealth Service Desk as an email attachment.
5. The form is a macro-enabled EXCEL spreadsheet and **must** include the **.XLSM** extension or it will not function properly.
6. **Do not use Caps Lock or acronyms** when completing the Form fields.
7. All Badge Recipients **MUST have a valid Photo ID** when obtaining their badges.
8. Printing and activating a new badge to replace another one **automatically disables** the one replaced. If you do not want the new badge activated until pick-up, indicate that on the form.

Instructions for Form Completion

1. Locate the Badge Form:

Go to the **COT Forms** page under **New Employee Forms** to obtain the latest version of the Badge Form (<https://technology.ky.gov/Pages/cotForms.aspx>). It is advised to open from here **every time** you need to complete the form. **DO NOT** save the form locally for later use. **The Finance Badge office will reject all forms except the most recent version.** COT Badge Contacts will post new forms on the COT Forms Page as soon as they are received from Finance Badges.

2. Complete the Billing and Contact Information:

SECURITY REQUEST FORM			
Form Complete - Submit Form Using Button ----->			
MANAGER'S NAME Joe Manager		EXAMPLE	
REQUESTED BY Jill Hardworker			
DEPT. NAME COT			
3-DIGIT AGENCY # 079			
EMARS TEMPLATE FCOTZ4			
ACTIVITY CODE ZZ00		CONTACT PERSON Chris G. Miller	
		BADGE TEMPLATE COT	
		CONTACT NUMBER (502) 782-0053	

Submit Request Form

- A. **Manager's Name** (required) – enter the Branch Manager's name here
- B. **Requested by** (required) – enter the badge owner/recipient name or team lead's name
- C. **Dept. Name** (required) – enter **COT** or **Commonwealth Office of Technology**
- D. **3-Digit Agency #** (required) – enter **079**
- E. **EMARS Template** (required) – the entry is specific to the Branch and is in the format **FCOTxn** where x is a letter and n is a number
- F. **Contact Person** (required) – currently Gail B. Ritchey or Chris G. Miller
- G. **Badge Template** (required) – enter **COT** for all badge types that we request
- H. **Activity Code** (required) – this field displays once **COT** is selected for the **Badge Template**, the entry is specific to the Branch and is in the format **XXNN** where X is a letter and N is a number
- I. **Contact Number** – this field auto-populates based on the **Contact Person** selection

3. Complete the Choose Type of Badge and Action Information:

Type Of Badge and Action	
State Employee	Access Badge
	FIRST Badge
	IT PERSONNEL? YES
NAME OF BADGE HOLDER (F, MI, L) :	Jill S Hardworker
LAST 4 DIGITS OF SSN :	000-00-8496
EMPLOYEE'S JOB TITLE :	System Analyst
DEPARTMENT / OFFICE NAME :	Commonwealth Office of Technology
DIVISION NAME :	Security Administration
BRANCH NAME / LOCATION :	Security Administration
5 DIGIT CODE ON BACK OF BADGE :	

Badge Recipient Info.

A. Drop down boxes:

- Left dropdown** (required to select one option, DO NOT select Knox Box) –
 - State Employee – Employees that work for the Commonwealth
 - Temporary – Employees that work for Staffing Agencies
 - Contractor – Software Developers who are Full-Time Employees, but not employed by State Government
 - Vendor – Service Providers, i.e. Janitors, Vending Machine Maintenance, Copy Machine Maintenance, Snack Shop Operators, etc.
 - NOTE:** If Temporary, Contractor, or Vendor is selected, a new drop-down appears below this one (**Contract Agency, see b.**)
- Contract Agency** (required if visible) – The name of the “Temporary Agency”, “Contract Agency” or “Vending Agency” **MUST** be entered for the corresponding Employee Type entered above in the **left dropdown**.
- Center dropdown** (required to select one option) –
 - Access Badge – provides electronic door access
 - ID Badge – does not provide electronic access capabilities
- Right dropdown** (required to select one option) – select most appropriate option
- IT Personnel?** (required to select one option) – select most appropriate option

B. Name of Badge Holder (F, MI, L) (required) –

- This is the **BADGE RECIPIENT'S NAME** – First Name, Middle Initial (if applicable) and Last Name
 - NOTE:** This is the name on the badge. Spelling **MUST** be correct. The requesting agency **WILL BE BILLED** for all replacement badges that must be re-printed due to misspelling in this field.
- Employee Identification #** (required) – This **MUST ONLY** be **last 4 digits** of the Badge Holder's SSN. **This field is used to locate badge holders in the system when other methods fail, so please do not use '1234' or '0000', etc.**
 - Employee's Job Title:** (required) – Enter the employee's job title
 - Department/Office Name:** (required) – Select **Commonwealth Office of Technology** from the dropdown
 - Division Name (For Employee):** (required) – Enter the **Division** name, if there is no Division, enter the Branch name here
 - Branch Name/Location (For Employee):** (required) – Enter the **Branch** or primary building location / address where the badge recipient will work
 - 5 Digit Code on Back of Badge** –this may be useful for changes to current badge access

4. Selecting the Building and Door Access:

BUILDINGS	EAST/WEST	ACCESS TIMES
COT Chamberlin ALL 24/7 *** -- RESTRICTED!	N/A	24/7
Select Next Building		

EXAMPLE

- A. **Buildings** (required) – Select the building(s) where the badge recipient will **need** access from the dropdown list
- Clicking on this will reveal the dropdown box arrow.
 - The form forces at least one selection.**
- B. **East/West** (required if building selected) – To the right of the building selected, select East, West or N/A once a building is selected. (Bear in mind that **ALL means ALL**, including file rooms, closets, etc.)
- C. **Access Times** (required if building selected) – Select from the access times available for the building selected.
- D. When you have selected all access required for the Badge Holder on the form, be certain **Select Next Building** is the last selection in the Buildings list in order to complete the Badge Form.
- E. **NOTE:** If access is requested for the **COT CDC 2nd & 3rd Floor**, **COT CDC 2nd & 4th Floor**, or **CDC All Access 24/7**, those requests will be submitted to Executive Leadership for approval before being processed. Please comment in the Comments section explaining the business reason for the access request to those areas.

5. Comments:

COMMENTS
Please add the access above to the current access. Do not remove any existing access.
EXAMPLE

- Indicate the reason or special instructions for the new/replacement/disabled badge in this section.
- In the event no badge access changes are required for a replacement badge, make a comment such as “Replacement Badge Request – please do not change existing access.”
- If access is being added AND previous access should remain in effect, make a comment such as “Please add the access above to the current access. Do not remove any existing access.”
- If access is requested for the **COT CDC 2nd & 3rd Floor**, **COT CDC 2nd & 4th Floor**, or **CDC All Access 24/7**, provide a comment detailing the business reason requiring access to those areas.

NOTE: Printing and activating a new badge to replace another one will automatically disable the one replaced.